

**COUNTY OF SAN DIEGO
VOLUNTEER REPORT FORM
PERIOD JULY 1, 2001 - JUNE 30, 2002**

COUNTY OF SAN DIEGO
OFFICE OF SUPERVISORS
102 JUL -5 AM 9:14
JUL 10 2002
CLERK OF THE COUNTY
OF SUPERVISORS

1. DEPARTMENT/COURT INFORMATION:

Department/Court: Human Resources

Division/Unit:

2. VOLUNTEER PROGRAM BENEFITS:

- a. GENERAL VOLUNTEERS (this section should include community volunteer, student intern, groups, corporations, etc.)

No. Vol.	<u>1</u>	Hours	<u>140</u>	x	\$16.05	=	<u>\$2,247.00</u>
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Types of work performed by GENERAL VOLUNTEERS in this category:

Recommendations from our Customer Service Process Improvement Team

- b. INSTITUTIONAL VOLUNTEERS (this section should include court referrals, honor camp inmates, PIC/RETC, GAIN, etc.)

No. Vol.	_____	Hours	_____	x	\$ 16.05	=	_____
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Types of work performed by INSTITUTIONAL VOLUNTEERS in this category:

- c. SPECIALIZED VOLUNTEERS (this section should include utilization of Special Volunteers in positions requiring specific skills and/or expertise levels, for example, an attorney, physician, sports figure or celebrity). These specialized positions have verifiable compensation levels (VCL). If you have such a volunteer, please indicate the position, hours and compensation level below.

<u>Position</u>	<u>Hours</u>	x	<u>VCL</u>	=	<u>Dollar Benefit</u>
_____	_____	x	_____	=	\$ _____

No. Vol	_____	Total Hours	_____	Total Value	\$ _____
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Types of work performed by SPECIALIZED VOLUNTEERS in this category:

d. TOTALS OF DEPARTMENT VOLUNTEERS (from above):

	<u>No. of Volunteers</u>	<u>Hours</u>	<u>Dollar</u>	<u>Benefit</u>
2a:	_____	_____	\$	
2b:	_____	_____	\$	
2c:	_____	_____	\$	

TOTALS:	<u>1</u>	<u>140</u>	\$ <u>2,247.00</u>
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3. DONATIONS TO VOLUNTEER PROGRAM:

Please list all donations to the department's Volunteer Program including monetary donations and tangible/intangible items. Items such as computers, air time, transportation, books, etc. Please assign a fair market value to each and add to the total value of the donations section.

<u>Item Donated</u>	<u>Value</u>	<u>Item Donated</u>	<u>Value</u>
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

TOTAL VALUE \$

4. VOLUNTEER PROGRAM COSTS:

- a. Cost of direct supervision of volunteers (total hours of direct supervision times hourly rate of staff person(s) directly supervising program volunteers.

Isabel Gomez = Supervisor

Hours 56 x Rate \$ 29.51/ hr.

\$ <u>\$1,652.56</u>

- b. Cost of program coordination (total hours of program coordination times hourly rate of coordinator(s)). This section should include coordination of staff, compiling statistics, job description preparation, volunteer placements and recognition, etc.

Hours _____ x Rate \$ _____ =

\$

- c. Other program costs (volunteer training materials/supplies, recognition costs, etc.):

<u>Item</u>	<u>Cost</u>

TOTAL OF OTHER PROGRAM COSTS

=

\$

- d. TOTAL OF VOLUNTEER PROGRAM COST =
(add 4a, 4b, and 4c)

\$

1,652.56

5. NET BENEFIT TO DEPARTMENT FROM VOLUNTEER PROGRAM:

a. Total Dollar Benefits of Volunteers, Item 2d (Page 2) \$ 2,247.00

b. Total of Donations to Volunteer Program, Item 3 (Page 2) \$ 0

ADD a + b \$ 2,247.00

c. Subtract Total of Volunteer Program Costs, Item 4d (Page 3) (\$ 1,652.56)

TOTAL PROGRAM BENEFIT \$ 594.44

6. **RECRUITING:**

Please describe your recruiting programs:

7. **SPECIAL VOLUNTEER PROGRAM ACTIVITIES/ACHIEVEMENTS:**

Please describe any special activities and/or achievements your program was involved in during the period of this report:

Improving Customer Service to the public, County departments, and internally between Divisions.

8. **VOLUNTEER PROGRAM GOALS FOR FISCAL YEAR 2002-03:**

Please describe your program goals. Include activities, number of volunteers, recruitment, training, recognition and other goals:

9. **GENERAL INFORMATION:**

Name of Person Completing Report: Sheila Coppedge

Phone Number: (619) 531-5100 Mail Stop A-8 E-Mail: sheila.coppedge@sdcounty.ca.gov

Volunteer Coordinator: Wanda Hayes

Phone Number: (619) 531-5195 Mail Stop A-8 E-Mail: wanda.hayes@sdcounty.ca.gov

10. **DEPARTMENT CERTIFICATION:**



DEPARTMENT HEAD SIGNATURE

7/3/02

DATE